

DIVISION OF UTILITIES & SOLID WASTE MANAGEMENT (DUSWM) FREDERICK COUNTY, MARYLAND

Office of Accounting and Finance Support 4520 Metropolitan Court, Frederick, MD 21704 Phone: 301-600-2354 or 3476 Fax: 301-600-2998

PROPERTY TRANSFER REQUEST

Date of Request:	Company Name:	
Phone: Fax Number:		Name of Contact:
Subdivision Name:	Lot #:	Tax ID#:
Premise Address:	City:	Zip Code:
Seller's Name: First MI Last	Buyer's Name:	MI Last
First MI Last Seller's Name:	Buver's Name:	MI Last
Seller's Name: First MI Last Seller's Forwarding Address:	Buyer's Billing Add	mi Last ress AFTER Settlement:
Transfer Date: ******************************	FULL for this request ***********	***********
historical consumption data of this account. The actual consumption for the final billing period. The due to leaks. Do not remit check for the estimate actual consumption. Detailed instruction www.co.frederick.md.us/index.asp?nid=1282 in The deed cannot be presented for recordation united.	ctual final bill amount This amount does not ated escrow amount. ctions can be found a the Service Billing/I	may be higher or lower depending on consider high consumption that may The ACTUAL FINAL bill will be tour web page Final Read Procedures section.
copy of the deed, and stamps the recordation particle. DUSWM provides the following service for this accordance.	perwork.	• /
Water & Sewer service Water service only - sewer service may be p private septic system. Sewer service only - water service may be p or private well.	provided by another m	
Seller Account #: <u>72-999-</u> Escrow Faxed:	Buyer Accou	ınt #: 72-999-
Escrow Faxed:	TFN #:	
Date:Time:Initials:********************************	TFN Date: _	
Property NOT served by DUSW This document must be presented at the Frederic	M – DEED RECO	RDATION RECEIPT:
Date:	Approved by:	
Date:	rivate company or have	e a private well and/or septic system.
	Faxed Date:	Time: Initials: